CITY OF STAMFORD

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The City of Stamford is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities and persons with disabilities

OPEN COMPETITIVE EXAMINATION NO. 16-17

ASSISTANT PLANT SUPERVISOR - WPCA

Salary Range: \$84,547 - \$108,673

<u>POSITION</u>: Under the general direction of the Water Pollution Control Bureau Chief or designee, is responsible for implementing process control policies, procedures and directives as established by the Bureau Chief or designee; supervises plant operating staff and performs wastewater treatment process control duties to ensure proper operation, performs related duties as required.

MINIMUM QUALIFICATION REQUIREMENTS

Graduation from an accredited high school and five (5) years of progressively responsible experience in the operation of a waste water treatment plant, of which three (3) of those years must be as Chief Operator or Shift Foreman of a Class IV WWTF OR equivalent education, experience and training.

SPECIAL REQUIREMENTS:

At the time of application, possession of a Connecticut DEEP Class IV Wastewater Operator's certificate OR a Connecticut DEEP Class III Wastewater Operator 's certificate AND a letter signed by an official of the State DEEP verifying eligibility to obtain the Class IV certification within one year of appointment.

<u>NOTE:</u> Applicants with wastewater operator certification from outside Connecticut must submit, at the time of application, a letter signed by an official of the State of Connecticut DEEP verifying that such certification is equivalent to the Connecticut Class III or IV certificate AND that such applicant is eligible to obtain a Connecticut DEEP Class IV certificate within one year of appointment.

Within one (1) year of appointment, in order to retain employment, must obtain Connecticut DEEP Class IV certification.

Possess a valid Connecticut Commercial Driver's License.

<u>SCOPE OF EXAMINATION</u>: There will not be a written examination. Qualified applicants will be ranked according to their education, training and experience. **Applicants are required to fully complete the application form and supplement, listing all related degrees, training and work experience.**

APPLICATION PROCESS: Interested candidates should submit an Employment Application and Application Supplement "16-17." This posting is open until sufficiently qualified applications are received. The date of first review will be July 5, 2016. Application packets can be obtained at the City of Stamford, Human Resources Division, 9th Floor, 888 Washington Boulevard, Stamford, Connecticut or at www.stamforct.gov. Please note: Only properly completed and submitted applications and application supplements will be considered. Applications of candidates who do not meet the stated position requirements will not be considered.

The Human Resources Department provides reasonable accommodation to persons with disabilities in accordance with the Americans with Disabilities Act (ADA) And the Americans with Disabilities Amendment Act (ADAAA). If you need an accommodation in the application or testing process, please contact the Human Resources Division.

Issued: 6-3-2016

EMPLOYMENT BENEFITS:

- Health Plan and Hospitalization
- Paid Vacations and Holidays
- Retirement Plan
- Group Life Insurance
- Sick Leave

VETERAN'S PREFERENCE: Preferential Points may be given to Eligible Veterans. Check with the Department of Human Resources. Applications are obtained from and submitted to **DEPARTMENT OF HUMAN RESOURCES**

CITY OF STAMFORD 888 WASHINGTON BOULEVARD STAMFORD, CONNECTICUT 06904 TELEPHONE (202) 977, 4070

TELEPHONE (203) 977-4070 www.stamfordct.gov

General Conditions for Job Announcements and Civil Service Information can be viewed at <u>www.stamfordct.gov</u>

CHANGE OF ADDRESS:

It is your responsibility to notify the Department of Human Resources of any Change of Address on your application

PERSONNEL COMMISSION

Frank Greene Michael Bayonne Julie Granser Peter Nanos



APPLICATION FOR EXAMINATION OR EMPLOYMENT

The City of Stamford Human Resources Division 888 Washington Boulevard P.O. Box 10152 Stamford, CT 06904-2152 Tel. (203) 977-4070 AN EQUAL OPPORTUNITY EMPLOYER

Position applying for Use Title on Job Announcement	
Exam Number	
LXam Number	

DO NOT WRITE II	N THIS SPACE
□ Q	Rev. by:
□ NQ	
☐ Educ	
□ Ехр	
☐ Not City EE	
☐ Other	

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

All blanks must be completed in order for application to be considered.

GENERAL INFORMATION	-			
Name	(First)		(Midd	(a)
(Lasi)	(FIISI)		(Midd	e)
Address	(0)(1)		(State	77'2 0 - 1-1
Home (Street/Apt. #)	(City)	Work Telephoi	(State) (Zip Code)
Telephone(Area Code)		releption	(Area Code)	
Cellular		E-mail		
Telephone (Area Code)		Address		
Social Security Number000			Best daytime contac	t: Home Work Cell
Do you claim 5 points preference based on active duty in the U. S. Armed Forces? (Attach copy of DD214)	☐ Yes	S □ No	Are you currently authorized to work in the United States?	n Yes No
Do you claim 10 points veteran's disability preference? (Attach DD214 and supporting documentation)	☐ Yes	□ No	Note: 1986 Immigration Refo identity and employment elig	rm & Control Act requires verification of ibility at the time of hire.
Have you ever worked for the City of Stamford before?	☐ Yes	☐ No em	yes, list by dates nployed and job e(s):	
Have you ever been convicted of any off a minor traffic violation? If yes, you must complete Section B of the a		,		☐ Yes ☐ No
Have you ever been disqualified for a post- criminal conviction or failure to fully disclose criminal conviction? If yes, list job title and date of disqualification	e a	n the City of Sta	amford due to a	Yes No
(Provide information regarding ACTUAL convictions on pardoned pursuant to the CGS § 31-51i, should NOT b Each conviction will be evaluated on its own merits with	e disclosed.	Disclosure of a cri	iminal record will not neces	sarily disqualify you for employment.

applying.)

KECOKD O	F EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL AND CITY/STATE	DATES ATTENDED	COURSE OF STUDY (Major/Minor)	GRADUATED (Yes/No)	DEGREE, DIPLOMA, G.E.D., AND CERTIFICATE OR CREDITS COMPLETED
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
	Lertifications (special courses, volocation where training was given				
	other Special Skills or Abilities of the well, computer skills, and			es, machines yo	u operate, languages which you
EMPLOYM	ENT HISTORY				
CONSECUTIVE	present and past employment. ELY . Applicants may be required sumes may be included with a c	d to furnish sati	sfactory proof of employmer		
1. Name and	Address				
of Employer				Month Year	
					_ Ending Salary
	ame, Title, Telephone				
Describe your	r duties:				

07.01.06 Page 2

Reason for leaving_

Name and Address of Employer	# of hours Employed From To Month Year	Year
	per week Last Salary	
Supervisor Name, Title, Telephone Your Title		
-		
Describe your duties:		
Reason for leaving		
Treason for leaving		
Name and Address of Employer	Employed From To # of hours	nth Year
	per week Ending Salary _	
Supervisor Name, Title, Telephone		
Your Title		
Describe your duties:		
Pennen for locuing		
Reason for leaving		
Name and Address f Employer	Employed From To	Year
	# OI NOUIS	
Supervisor Name Title Telephone	per week Ending Salary_	
Supervisor Name, Title, Telephone	per week Ending Salary_	
Your Title	per week Ending Salary_	
Your Title	per week Ending Salary_	
Your Title	per week Ending Salary_	
Your Title Describe your duties:	per week Ending Salary_	
Your Title	per week Ending Salary_	
Pour Title Describe your duties: Reason for leaving 5. Name and Address	per week Ending Salary_	
Your Title Describe your duties: Reason for leaving 5. Name and Address of Employer	Employed From Hof hours # of nours Ending Salary To Month For No Hours	n Year
Your Title Describe your duties: Reason for leaving 5. Name and Address of Employer	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title Describe your duties: Reason for leaving 5. Name and Address of Employer Supervisor Name, Title, Telephone	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title Describe your duties: Reason for leaving 5. Name and Address of Employer Supervisor Name, Title, Telephone	Ending Salary Employed From To # of hours Ending Salary	n Year
Your Title	Ending Salary Employed From To # of hours Ending Salary	n Year

Do you have any object Division verifying your veri			I hereby authorize the City of S experience and/or educational			
(A) Your former employ	er? 🗌 Yes 🖺] No				
(B) Your present emplo	yer? ☐ Yes ☐	No	Applicant's	s Signature		
If answer is "Yes" to either (A) or (B) explain under o	comments section				
COMMENTS						
MILITARY INFORM	ATION					
Veteran of U.S. Armed Forces	Service Branch	Date Discharged	Type of Discharge	Final Rank		
☐ Yes						
□ No						
PRE-EMPLOYMEN	T STATEMENT	(Read Carefully				
my knowledge and be application, interview(withdrawal of a job off provided, whether will falsehood is discovered. I understand that this also understand that the be construed as creat consideration of my e time to time be impler satisfied for employment of the City of (present or former), e government agencies the City of Stamford a and former employers	elief. I understand (s) or during the confer; or discipline, uplingly or accidental ed. application is not a should I be granted in gany obligation, imployment, I agreemented or revised. I ent. Stamford by an including or others, including and its designated in greenences and conferences and conferences and conferences and conferences.	that incomplete, false urse of my employment to and including term, may result in my important and contract of employment an interview, the repromise or contract to to conform to the rule ldentification and versions, all branches of the growth of the persons to provise to provise to conform to the rule of the persons to provise the persons to provise to and the persons to provise to an and the persons to provise to an and the persons to provise to an analysis to an analysis to a person to a person to an analysis to a person to an analysis to a person to a perso	application are true, complete, e, inaccurate, or misleading information of employment. Further mediate dismissal if employed, when the constructions that may be made on behalf of the City. Should I is also and policies of the City of Sometimes and p	rmation given in my f this application; er, false information whenever the omission or cation of employment. I e at the interview are not to be employed by the City, in tamford, as they may from the United States must be It may be prepared at the ed from my employers olic records maintained by reports, etc. I authorize urther authorize present tion. I also authorize the		
background checks.	I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I will be subject to a drug test and medical examination that I must pass before I commence work.					
I have read, understo	od, and agree to th	ne foregoing.				
Applicant's Signature _			Date			

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Applicant Disclosure Form



Section A

1. CANDIDATE INFORMATION

It is the policy of the City of Stamford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, we strongly urge that all applicants complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Stamford with the requested information by checking the appropriate box in section four. This information will not affect in any way your employment opportunities. This form will be removed from the application.

2. GE	NERAL INFORMA	TION			
Your	Name				Date
Socia	al Security Number	000		(Las	t six digits ONLY)
3. ST	ATISTICAL INFOR	RMATION			
	Race/Ethnic Ide	entification (Please check one)		l	Lab Olassiffeetiss
America	an Indian or Alaska Nativ	e All persons having origins in any of the original peoples of South America (including Central America), and who material affiliation or community attachment.			Job Classification
Asian		All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the			Please write the title of the position for which you are applying in the box above, using the title on Job Announcement.
Black o	r African American	(Not of Hispanic or Latino origin) All persons having origin the black racial groups of Africa.	ins in any of	ļ	oss / illicultosilicult.
Hispani	c or Latino	All persons of Cuban, Mexican, Puerto Rican, Central or or other Spanish culture or origin, regardless of race.	South America,	1	
	Hawaiian or Other Islander	All persons having origins in any of the original peoples of Guam, Samoa, or Pacific Islands.	of Hawaii,		Gender Female
White		(Not of Hispanic or Latino origin) All persons having origine the original peoples of Europe, the Middle East, or North			- I emale
Other		Please specify			Male
4. NO	N-PARTICIPATIO	N			
					Please check box if applicable
I have	read the above statem	ent and have chosen not to complete	this form.		
5. RE	CRUITING INFOR	MATION			
		How did you hear about this job	? (Please	chec	k one)
	Stamford Advocate		l I		sources lletin Board
	Other newspaper. Please give name:		_ Comm	nunity	Agency
	City Website			-	name:
_	Internet				al journal name:
	Please give site:	 -		_	
07.01.06	City Employee		∐ Other.	Plea	se specify:

Applicant Disclosure Form



NOTE: THIS INFORMATION WILL BE REVIEWED ONLY BY MEMBERS OF THE HUMAN RESOURCES DIVISION AND HIRING MANAGERS.

Section B

CRIMINAL CONVICTION INFORMATION

Applicants are required to disclose the existence of *any* criminal conviction, regardless of the nature, date or location thereof, with the exception of minor traffic violations or an arrest, criminal charge, or conviction that has been erased. The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

The information provided below is subject to the terms of the "Pre-Employment Statement" on Page 4 of this

	cessarily result in the rejection of this application, but will be considered ght, and in light of any applicable state and federal law.
Name (Print)	Title of Position Sought
Applicant's Signature	Date

DATE OF CONVICTION	OFFENSE	DATE OF ARREST	PLACE OF ARREST (City/Sate)	SENTENCE

MAYOR DAVID R. MARTIN



DIRECTOR OF LEGAL AFFAIRS &
CORPORATION COUNSEL
KATHRYN EMMETT

HUMAN RESOURCES DIRECTOR CLEMON W. WILLIAMS

888 WASHINGTON BOULEVARD P.O. BOX 10152 STAMFORD, CONNECTICUT 06904-2152 Tel. (203) 977-4070 Fax: (203)977-4075

ASSISTANT PLANT SUPERVISOR - WPCA APPLICATION SUPPLEMENT #16-17 FACTORED EXPERIENCE AND TRAINING EXAMINATION

NAME			
SOCIAL SECURITY NUMER (Last six digits)	000 -	-	

For this examination, you will be filling out specific information about your education, training and experience. The information you provide will be used to determine how well your training and experience qualifies you for this position. **THIS BOOKLET IS AN EXAMINATION**. You MUST fill out this examination booklet completely in order to take part in this examination.

Your training and experience will be scored according to how closely they relate to the various job components or factors of the position of *Assistant Plant Supervisor - WPCA*. Your score will be based only on what you include in this examination. **Incomplete or illegible applications/supplements will be rejected.**

This examination booklet and a completed "Application for Examination or Employment" must be filed with the Human Resources Division. This posting is open until sufficiently qualified applications are received; however, the first evaluation of application packages will be July 5, 2016.

AN EOE/AA EMPLOYER

ASSISTANT PLANT SUPERVISOR - WPCA

Please note that applicants who do not meet the minimum qualifications for *Assistant Plant Supervisor - WPCA* will not be considered. Applicants are urged to carefully review the requirements on the attached job description before filing an application.

PART I – QUALIFICATIONS SUMMARY

I.	EDUCATION:	
	1. Do you possess a high	n school diploma or high school equivalency certificate?
	Yes_	No
II.	EXPERIENCE:	
	1. Do you possess five (5) operation of a waste water	years or more of progressively responsible experience in the er treatment plant?
	Yes No_	# of Years
	, ,	the above years of experience as a Chief Operator or Shift aste Water Treatment Facility or Equivalent education,
	Yes No_	# of Years
	Equivalent education, exper	ence and training:

III. <u>CERTIF</u>	ICATION: Check the one choice below that applies to you. Be sure to attach copies referenced certifications and/or verifications letters.
1.	I have a Class IV Wastewater Operators Certification from the State of Connecticut (CT) Department of Energy and Environmental Protection (DEEP).
2.	I have a Class III Wastewater Operators Certificate AND a letter signed by an official of the State DEEP verifying eligibility to obtain the Class IV certification within one year of appointment.
3.	— I am currently certified in wastewater operations in a state other than Connecticut, and have a recent letter from a CT DEEP official verifying that my certification is equivalent to the CT Class IV Certificate, and that I am eligible to obtain a CT Class IV Certification within one year of employment at the Stamford WPCA.
4.	I am currently certified in wastewater operations in a state other than Connecticut, and have a recent letter from a CT DEEP official verifying that my certification is equivalent to the CT Class III Certificate, and that I am eligible to obtain a CT Class IV Certification within one year of employment at the Stamford WPCA.
Do	you possess a valid Connecticut Commercial Driver's License?
	Yes No

*within one (1) year of appointment, in order to retain employment, must obtain Connecticut DEEP Class IV Certification.

PART II. EXPERIENCE #16-17

This Section requires that you provide detailed information regarding the position listed in the employment history portion of the standard application form. The information to be provided should be specific to wastewater treatment operations and should:

- Describe the duties you performed in each position held that requires(d) the use of competencies essential to the position of Assistant Plant Supervisor –WPCA as grouped below into two major functions technical and supervisory. Use whatever terms would be most indicative of the level and scope of your job duties.
- In Part II (B) list the number and title(s) of employee(s) supervised. If you need to describe more than three jobs for any function, attach additional sheets appropriately labeled and formatted. You may list the same job(s) in both sections, if applicable.
 - A. **Technical Competencies** knowledge of the operations and process controls of complex wastewater treatment facility, including the biological nitrogen removal process; knowledge SCADA software and computerized operations monitoring and control systems; knowledge of occupational hazards and safety precautions involved in wastewater treatment operations; ability to keep operational records and write detailed reports.

Title/Employer:	
Duty Description:	

PART II. EXPERIENCE #16-17 (Cont'd)

Title/Employer:			
Duty Description:			
Title/Employer:			
Duty Description:			
, _F			

PART II. EXPERIENCE #16-17

B. **Supervisory Competencies** – Ability to plan, organize, assign supervise and inspect the work of operating staff members; ability to enforce work rules in accordance with established standard practices; ability to direct the training of operating personnel, ability to resolve personnel problems at the unit level, and ability to participate in the selection and hiring process for operating staff.

Title/Employer:	-			
Duty Description:				
Title/Employer:				
Duty Description:				
Title/Employer:				
Duty Description:				

PART III. SPECIALIZED TRAINING #16-17

List below any courses, seminars, or other training you have taken in the last five (5) years related to wastewater treatment plant operations, solids disposals systems, employee supervision, or administration/management. For college courses, indicate number of credits earned. For other training, indicated number of hours of training received.

SUBJECT OR TITLE	CREDIT HOURS	SCHOOL/ORGANIZATION	DATES ATTENDED
PART IV. SPECIAL A	ACCOMPLISHMENT	ΓS #16-17	
positions on boards or in have received or complete.	n professional associa eted in the field of wa tion. Provide only in	complishments or assignments (e tions, special projects, awards or stewater treatment operations. In formation not already mentioned	recognitions) you nclude dates and any